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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/690,914	
	Filing Date	Oct 22, 2003	
	First Named Inventor	Sas, Benedikt	
	Art Unit	1625	
	Examiner Name	Dentz	
Total Number of Pages in This Submission	3	Attorney Docket Number	4532680/6100

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Certificate of Correction <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check \$100 & Return Postcard
Remarks		

**Certificate of Correction**  
SEP 21 2006

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Davis, Brown, Koehn, Shors & Roberts, P.C.		
Signature	<i>Kent A. Herink</i>		
Printed name	Kent A. Herink		
Date	9/14/06	Reg. No.	31025

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>Jeri D. Vestal</i>		
Typed or printed name	Jeri D. Vestal	Date	15 September 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SEP 21 2006



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )  
 ) Group Art Unit: 1625  
Sas, et al. )  
 )  
Serial No. 10/690,914 ) Examiner: Chang  
Issued: October 22, 2003 )  
For: Bicyclic Carbohydrate Compounds )  
Useful in the Treatment of Infections Caused )  
by Herpesviridae )  
  
Commissioner for Patents  
PO Box 1450  
Washington, D.C. 20231

**REQUEST FOR CERTIFICATE OF CORRECTION**  
**PURSUANT TO 37 C.F.R. 1.323**

Dear Sir:

In the matter of the above-identified patent granted by the United States Patent Office, the patentee noted an inadvertent error in the assignee's name. Along with the certificate of correction, the patentee is including the required fee with the request.

Please change the assignee's name (column 1, item 73) to read as follows:

Kemin Pharma B.V.B.A., Des Moines, IA (US)

The Examiner is respectfully urged to call the undersigned attorney at (515) 288-2500 to discuss this matter in an effort to quickly and effectively correct this error.

Respectfully submitted,

Date: 9/14/06

Kent A. Herink

Kent A. Herink  
Registration No. 31,025  
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SHORS & ROBERTS, P.C.  
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ATTORNEYS FOR APPLICANT

**UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION**Page 1 of 1

PATENT NO. : 7,101,908

APPLICATION NO. : 10/690,914

ISSUE DATE : 9/5/2006

INVENTOR(S) : Sas, et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

(73) Assignee: Kemin Pharma B.V.B.A.

**MAILING ADDRESS OF SENDER(Please do not use customer number below):**

Kent A. Herink  
Davis Brown Law Firm  
The Financial Center  
666 Walnut Street, Suite 2500  
Des Moines, Iowa 50309

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application for to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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